



## **OPEN ENROLLMENT GUIDE**

**PLAN YEAR '05**

**EFFECTIVE JULY 1, 2004 – JUNE 30, 2005**

**Retirees, Dependent Spouses and Survivors  
Important Information on Page 1**

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***Public Employees' Benefits Program***  
***(800) 326-5496 or (775) 684-7000***  
***[www.pebp.state.nv.us](http://www.pebp.state.nv.us)***

## Important – Please Read

To begin the enrollment process, review your Personalized Cover Letter and this packet carefully.

### You **DO** need to take action if you want to:

- Change your current plan election (e.g., PPO to/from HMO)
- Change your deductible option if you are currently on the Self-Funded PPO Plan (refer to pages 5 and 6 for additional information).
- Add or drop dependents
- Decline coverage

### You **DO NOT** need to take further action if you:

- Want to remain in the Self-Funded PPO Plan with your current deductible option
- Want to remain in the Health Plan of Nevada HMO Plan

### Additional Information

- Anthem HMO Plan is an option for most Northern Nevada participants (refer to page 5 to determine if you work or reside in a covered area).
- When adding dependents, remember to include copies of supporting documents, e.g., copies of a certified birth certificate, certified marriage license, Medicare cards, etc.

### Retirees, Dependent Spouses and Survivors currently on the PEBP Plan

- If you are a survivor or a dependent spouse on the plan and you are a retiree in your own right, you may wish to rejoin the plan as a retiree.
- New plan rules provide a prorated subsidy from public employers from whom you earned a minimum of 5 years of service. Refer to pages 16-20 for the state and non-state subsidy information and compare your final premium as a “Retiree Participant Only” versus the premium for your “Participant + Spouse” coverage.
- Call PEBP to request an enrollment packet to convert your status to a retiree. Your enrollment form must be received in the PEBP office by June 1, 2004.
- Retirees, remember to drop your spouse as a dependent if he/she is joining PEBP as a retiree.

# Introduction

Welcome to the Public Employees' Benefits Program's (PEBP's) Open Enrollment for Plan Year '05. Open Enrollment gives you the opportunity to review your benefit options and make changes based on your current needs. **Please read through this document carefully to ensure you are choosing the option necessary to meet your health care needs.**

## Effective Dates of Coverage

**The benefits you elect during this open enrollment are effective  
July 1, 2004 - June 30, 2005**

**Please take a moment to review your enrollment materials. Your enrollment guide includes:**

- ☐ Information About Your Health Care
- ☐ How to Enroll
- ☐ Plan Year '05 Medical Plan Options
- ☐ Statewide Self-Funded PPO Medical Plan Highlights
- ☐ Health Plan of Nevada HMO Medical Plan Highlights (selected areas in Southern Nevada)
- ☐ Anthem HMO Nevada Medical Plan Highlights (selected areas in Northern Nevada)
- ☐ Dental Benefits
- ☐ Long-Term Disability Insurance
- ☐ Life and Accidental Death & Dismemberment Insurance
- ☐ Vendor Contact List and Voluntary Products
- ☐ Flexible Spending Accounts – Premium Only Plan, Health Care and Dependent Care
- ☐ Wellness Fairs
- ☐ Women's Issues
- ☐ Declining Coverage
- ☐ Open Enrollment Meeting Schedule

**Plan Year '05 Open Enrollment is May 1 – June 1, 2004**

**If you are making changes, your Open Enrollment form(s) must be received in the PEBP Office no later than June 1, 2004.** Active employees should return the completed form(s) to their Agency Representative and retirees should return the completed form(s) to the PEBP Office.

**Public Employees' Benefits Program  
400 West King Street, Suite 300  
Carson City, NV 89703-4222  
(800) 326-5496 or (775) 684-7000**

# Information About Your Health Care

## What is the financial health of the plan?

Many employees and retirees will see a significant decrease in their premium costs effective July 1, 2004. Due to a decrease in the number and size of large claims, the program realized a small surplus, which is being passed on to the participants. The PEBP Board approved to maintain or decrease employee and retiree contributions for the majority of the rate tiers. The overall costs paid by state employees and retirees decreased 22%. The rates for non-state participants decreased approximately 5% to reflect their significantly improved claims experience.

Based upon a rate comparison analysis which evaluated various public entities within Nevada, rates for state participants are "in the middle" of the costs being assessed. A copy of the rate comparison may be viewed on PEBP's website at [www.pebp.state.nv.us](http://www.pebp.state.nv.us).

## Has my medical coverage changed?

The only change to the Self-Funded PPO Plan is the pharmacy plan. A few medications have been removed from the formulary and replaced with preferred alternative medications (refer to page 7 for the list of medications).

## Do I have the choice of an HMO Plan?

Effective July 1, 2004, participants living or working in select areas of northern Nevada now have the option to elect coverage with Anthem HMO Nevada. Participants living or working in select areas of southern Nevada continue to have the option of electing Health Plan of Nevada (refer to page 5 to determine if you work or reside in a covered area).

## What is the difference between a state and non-state employee and state and non-state retiree?

Non-state employees or retirees are those who work for or retired from local jurisdictions (counties, cities, special districts, school districts, etc.). State law (NRS 287.045) prohibits commingling the claims experience for retirees from non-participating agencies with other retirees or active state employees. Participation in the non-state groups is relatively small (2,500) and is subject to greater fluctuations in the cost of the rates than the state groups (29,000).

## Do non-state retirees receive a subsidy toward their health care premium the same as state retirees?

Due to legislative changes in Assembly Bill 286 (codified in NRS 287.023), beginning July 1, 2004, a retiree's subsidy is determined by the total number of years of service credit earned at each employer with whom a retiree earned a minimum of 5 years of service credit. Each employer with whom a retiree earned a minimum of 5 years of service credit will pay a prorated portion of the subsidy amount based on the service credit earned with that employer. A retiree will not receive any subsidy from an employer with whom **less than** 5 years credit was earned. Refer to the rate sheets and subsidy tables located on pages 16-21.

# How To Enroll

## STEPS TO EASY ENROLLMENT

**Step 1.** Review your Personalized Cover Letter for current benefit information.

**Step 2.** Review your coverage options and monthly premium costs located in this booklet and folder.

**Step 3.** If you wish to make changes, complete the Open Enrollment Form by doing **one of the following**:

- a. Complete the Open Enrollment Form located in the Open Enrollment folder pocket; or
- b. LOG ON to PEBP's website at **[www.pebp.state.nv.us](http://www.pebp.state.nv.us)** and click on the ***On-Line Enrollment*** option. Follow the directions on the website to complete the Open Enrollment Form. (When enrolling on-line, do not submit a hard copy of the Open Enrollment Form to PEBP.)

Note: List only spouse and dependents you wish to cover on page 2 of the form. Dependents not listed on the form will be deleted from coverage.

### Required Documentation to Add Dependents

If you are adding a spouse or child(ren), you must submit a copy of a certified birth certificate, certified marriage certificate or legal guardianship documents and full-time student status verification (ages 19-23).

When you initially qualify for Medicare coverage, you must supply PEBP with a copy of the Medicare card.

### Changing Elections After the Enrollment Period

Generally, you can't change elections until the next Open Enrollment period unless you have a qualified change in life status. Qualified change in life status includes, but is not limited to:

- ❖ Retirement
- ❖ Marriage, divorce, death
- ❖ Birth, adoption or placement for adoption
- ❖ A change in dependent eligibility
- ❖ A change in yours or your spouse's employment status resulting in loss or gain of coverage

## WHERE TO SEND OPEN ENROLLMENT FORMS

**If you are making any changes, be sure the enrollment form and required supporting documentation are submitted to the PEBP Office NO LATER THAN JUNE 1, 2004:**

**Active Employees:** Return to your Agency Representative (contact your Personnel Office to determine your Agency Representative).

**Retirees:** Return to Public Employees' Benefits Program, 400 West King Street, Suite 300, Carson City, NV 89703-4222

**Note:** If you enroll over the PEBP website, you must submit supporting documentation to your Agency Representative (if you are an active employee) or PEBP (if you are a retiree).

**Include the primary participant's social security number on all documents.**

### You may elect coverage for:

Yourself only; or  
Yourself plus your spouse; or  
Yourself plus your child(ren); or  
Yourself plus your family (spouse and child(ren))

For further details on eligibility requirements, refer to the Eligibility Section of your ***Plan Document***.

### Enrollment Questions?

Visit the PEBP website at  
**[www.pebp.state.nv.us](http://www.pebp.state.nv.us)**

or call

**1-800-326-5496 or 775-684-7000**

# Plan Year '05 Medical Plan Options

## MEDICAL PLAN OPTIONS

### **Self-Funded PPO Plan**

#### **Anthem HMO Nevada**

(Available in selected areas of Northern Nevada)\*

#### **Health Plan of Nevada HMO**

(Available in selected areas of Southern Nevada)\*

### **Statewide Self-Funded PPO Plan**

*A Preferred Provider Organization (PPO) is a network of health care providers who provide services at a discounted rate. The Self-Funded PPO Plan offers coverage worldwide and participants may choose any doctor or hospital. You may elect a \$500, \$1,000 or \$2,500 deductible option.*

**Note:** Claims are paid at a lower benefit level if an out-of-network provider is chosen.

**In-State Network:** PEBP Statewide PPO Network is available for services within the State of Nevada.

**Out-of-State Network:** Beech Street PPO Network is available for services outside of Nevada but within the United States.

### **HOW DO I LOCATE A PROVIDER?**

**Contact the PEBP Statewide PPO Network or HMO directly, or visit their website.**

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### **WHERE CAN I GET A COPY OF A PROVIDER DIRECTORY?**

**Contact the PEBP Statewide PPO Network or HMO directly, or visit their website.**

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### **WHAT IS THE COST FOR THE PPO AND HMO PLAN?**

**Refer to pages 16-21, for premium rate information.**

***Vendor contact information is located on page 12.***

### **HMO Plans**

*An HMO uses a pre-defined group of doctors/hospitals who concentrate on preventive care. Participants choose a Primary Care Physician (PCP) who coordinates and manages the participant's health care.*

#### **Anthem HMO Nevada**

**\*Available if you work or reside in the following counties: Carson City, Douglas, Elko, Eureka, Humboldt, Lyon, Mineral, Storey, Washoe and White Pine.**

#### **Health Plan of Nevada (HPN) HMO Plan or**

**Senior Dimensions (HMO option for retirees with Medicare A & B)**

**\*Available if you work or reside in Clark County or parts of Esmeralda and Nye counties.**

# Self-Funded PPO Medical Plan Highlights

The Self-Funded PPO Plan offers three deductible options. If enrolling in the PPO Plan, you must select a deductible option. If you make no selection, you will be assigned to the \$500 deductible option. Refer to pages 16-20 for rate information.

- ❖ \$ 500 deductible option
- ❖ \$1,000 deductible option
- ❖ \$2,500 deductible option

Each time you need health care, you make the decision whether to use in-network (PPO) or out-of-network doctors and medical facilities. The Self-Funded PPO Plan allows you to use both; however, when you use in-network providers, your medical costs will be lower than when you use out-of-network providers. Check with the PEBP Statewide PPO Network to determine if your health care providers are listed in the network (refer to page 12 for contact information). **NO BENEFIT CHANGES WERE MADE TO THE SELF-FUNDED MEDICAL PLAN.**

## SUMMARY OF BENEFITS

(Refer to the Plan Document for complete details of covered services)

PLAN FEATURES	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS*
<b>Annual Deductible</b>	\$ 500/individual - \$1,000/family \$1,000/individual - \$2,000/family \$2,500/individual - \$5,000/family	\$ 500/individual - \$1,000/family \$1,000/individual - \$2,000/family \$2,500/individual - \$5,000/family
<b>Annual Out-of-Pocket Maximum</b>	\$3,500 – individual \$7,000 – family	\$10,000 – individual \$20,000 – family
<b>Office Visit Primary Care</b>	\$20	Plan pays 50% after deductible
<b>Office Visit Specialist</b>	\$30	Plan pays 50% after deductible
<b>Urgent Care</b>	\$45	Plan pays 50% after deductible
<b>Emergency Room Visit</b>	\$70 deductible per visit -- Plan pays 80% after annual deductible	\$70 deductible per visit -- Plan pays 80% after annual deductible
<b>Inpatient Hospital</b>	\$105 per admission Plan pays 80% after annual deductible	\$600 per admission charge Plan pays 50% after annual deductible
<b>Outpatient</b>	Plan pays 80% after deductible	Plan pays 50% after deductible
<b>Wellness/Well-Child Exam/Immunization</b>	\$15 copay (\$600 annual maximum benefit)	Not covered
<b>Vision</b>	\$40 maximum for annual eye exam	\$40 maximum for annual eye exam

**\*Note: All out-of-network benefits are subject to Usual and Customary.**

### Enhancements to the Self-Funded PPO Plan, effective July 1, 2004

- Disease Management Program, for participants/dependents diagnosed with asthma, diabetes, hypertension or congestive heart failure. This program focuses on assisting in the management of these chronic diseases.
- Nurse 411 Help Line (24-hours a day, 7 days a week).

Information will be mailed to all Self-Funded PPO Plan participants following enrollment in the PPO Plan.



# Self-Funded PPO Medical Plan Highlights

## SELF-FUNDED PPO PLAN PRESCRIPTION BENEFITS

The Self-Funded pharmacy plan is a three-level formulary:

- Level I -- Generic
- Level II -- Preferred Brand
- Level III -- Non-Preferred Brand

A formulary is a list of prescription drugs covered by a health plan. Retail drugs may be purchased up to a 30-day supply and mail order may be purchased up to a 90-day supply.

SUMMARY OF PRESCRIPTION BENEFITS	
<b>Annual Deductible</b>	\$50 deductible
<b>Generic Retail</b>	\$ 5 copay
<b>Generic Mail Order</b>	\$10 copay
<b>Preferred Brand Retail</b>	\$40 copay
<b>Preferred Brand Mail Order</b>	\$70 copay
<b>Non-Preferred Brand Retail</b>	100% copay
<b>Non-Preferred Brand Mail Order</b>	100% copay

\* Not all prescriptions are available at mail order. Call Catalyst Rx at 1-800-799-1012 (outside Las Vegas) or 702-933-4521 (in Las Vegas) to determine mail order eligibility.

Changes have been made to the preferred brand drug list and some products will no longer be available as preferred products. Below is a list of possible preferred alternatives and over-the-counter (OTC) options. OTC drugs are not an eligible benefit under the Self-Funded PPO Plan.

PREFERRED BRAND DRUG CHANGES	
Deletions	Preferred Alternatives & Over-the-Counter Options
Accolate	Singulair
Aciphex	OTC Prilosec, generic omeprazole, generic ranitidine, generic famotidine, generic nizatidine, generic cimetidine, Protonix
Alamast	Alocril, Zaditor, Patanol
Anzemet	Zofran
Axert	Imitrex, Zomig
Cardene SR	Generic diltiazem sustained release, generic verapamil sustained release, Norvasc, Cardizem, LA Verelan PM
Diovan/HCT	Generic lisinopril, generic moexipril, generic enalapril, generic captopril, Avapro, Avalide, Benicar, Benicar HCT
Sular	Generic diltiazem sustained release, generic verapamil sustained release, Norvasc, Cardizem LA, Verelan PM
Testoderm	Androderm, Androgel

### Implementation of the Walgreens' Specialty Pharmacy Program

The Walgreen's Specialty Pharmacy program has been implemented for those patients using medications to treat long-term illnesses such as hemophilia, hepatitis, multiple sclerosis, rheumatoid arthritis and growth hormone deficiency.

Participants using specialty medications are required to register with Walgreens' Specialty Pharmacy by calling (888) 782-8443. Once registered, specialty medications are available through the Walgreen's Specialty Pharmacy mail order program or through local Walgreen's retail pharmacies for a 30-day supply of the medication (no longer able to purchase a 90-day supply).

Benefits of the program include: nurse-based care management, personalized patient education, complimentary supplies, compliance program and convenience through retail and home delivery.

**Note:** For a complete listing of covered medications, contact CatalystRx at (800) 799-1012 or view their website at [www.catalystrx.com](http://www.catalystrx.com). To log on to their website, enter the ID: *nevada* and the password: *benefit*.

# Health Plan of Nevada Medical Plan Highlights

(HMO available ONLY in selected areas in Southern Nevada)\*

If you enroll in the **Health Plan of Nevada (HMO)**, you will be required to select a Primary Care Physician (PCP) who approves and coordinates all of your health care through specialists and HMO facilities. To receive benefits, you must use providers within the HMO service area (unless an emergency). To determine if you reside or work in a covered area, contact Health Plan of Nevada directly (refer to page 12 for contact information).

## HEALTH PLAN OF NEVADA (HMO) SUMMARY OF BENEFITS

PLAN FEATURES	BENEFITS
Annual Deductible	N/A
Annual Out-of-Pocket Maximum	N/A
Office Visit Primary Care Physician (PCP)	\$15 copay
Office Visit Specialist	\$15 copay (after referral from PCP)
Urgent Care	\$15 copay
Emergency Room Visit	\$50 copay facility charge \$25 physician fee
Inpatient Hospital	\$200 copay per admission
Outpatient	\$50 copay
Wellness/Preventive Care Well Baby Care	\$15 copay
Vision Exam (annual)	\$10 copay
Lenses Frames Elective Contact Lenses	\$10 copay every 12 months if prescription change \$100 allowance every 24 months \$115 allowance for one pair every 12 months (in lieu of lenses and frame benefit)

## PHARMACY BENEFITS (NO CHANGES)

Preferred Generic Retail	\$ 7 copay
Preferred Generic Mail Order	\$14 copay
Preferred Brand Retail	\$30 copay
Preferred Brand Mail Order	\$60 copay
Non-Preferred Generic or Brand Retail	\$50 Copay
Non-Preferred Generic or Brand Mail Order	Not Available by mail order
Retail drugs may be purchased up to a 30-day supply and mail order up to a 90-day supply	

**Note:** The HPN Evidence of Coverage document located on <http://stateofnv.healthplanofnevada.com> contains a listing of offered services. \*Contact HPN directly for covered service areas.

# Anthem HMO Nevada

## Medical Plan Highlights

(HMO available ONLY in selected areas in Northern Nevada)

If you enroll in the **Anthem HMO Nevada**, you will be required to select a Primary Care Physician (PCP). Anthem HMO Plan allows you to self-refer to an in-network physician specialist without obtaining a referral from your PCP. Contact Anthem directly for detailed information. **You are eligible to enroll with Anthem HMO Nevada if you reside or work in one of the following counties:**

*Carson City  
Lyon*

*Douglas  
Mineral*

*Elko  
Storey*

*Eureka  
Washoe*

*Humboldt  
White Pine*

### ANTHEM (HMO) SUMMARY OF BENEFITS

PLAN FEATURES	BENEFITS
Annual Deductible	N/A
Annual Out-of-Pocket Maximum	\$3,500 – individual \$7,000 – family
Office Visit Primary Care Physician (PCP)	\$20 copay
Office Visit -- Specialist	\$40 copay
Urgent Care	\$50 copay (services must be received through PCP or from urgent care center)
Emergency Room Visit	\$125 copay (waived if admitted and inpatient copay will apply)
Inpatient Hospital	\$250 maximum daily copay \$1,000 maximum per admission copay
Outpatient	\$200 copay per procedure
Wellness/Preventive Care Well Baby Care	\$20 PCP copay \$40 Specialist copay
Vision Exam (annual)	\$20 copay
Vision Supplies (glasses, contacts, etc.)	Frames, lenses or contact lenses, lens treatments, specialized lenses and various sundry items are available at a <b>discount</b> through Anthem vision providers.

### PHARMACY BENEFITS

Preferred Generic Retail	\$ 10 copay
Preferred Generic Mail Order	\$ 20 copay
Preferred Brand Retail	\$ 40 copay
Preferred Brand Mail Order	\$ 80 copay
Non-Preferred Generic or Brand Retail	\$ 60 copay
Non-Preferred Generic or Brand Mail Order	\$120 copay
Self-Administered Injectables (other than insulin): 30% up to a maximum copay of \$250/retail, \$500/mail order per prescription. Contact Anthem directly or visit <a href="http://www.Anthem.com">www.Anthem.com</a> for a complete listing of the Anthem prescription formulary.	
Retail drugs may be purchased up to a 34-day supply and mail order up to a 90-day supply	

**Note:** The Anthem Evidence of Coverage contains a complete listing of offered services.

# Dental Benefits

**All Self-Funded PPO Plan and HMO Plan participants and eligible dependents receive dental benefits through the Self-Funded Dental Plan.**

Participants receive discounted services by utilizing dentists who are contracted with the PPO Network, **Diversified Dental Services**. Participants may access services with any dentist; however, claims are paid at the higher benefit level if a PPO dentist is utilized. **No changes were made to the dental plan.**

## SUMMARY OF BENEFITS

PLAN FEATURES	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Preventive	Plan pays 100%	Plan Pays 80%*
Basic	Plan pays 80%	Plan pays 50%*
Major	Plan pays 50%	Plan pays 50%*
Annual Maximum	\$1,500 per person	\$1,000 per person
Annual Deductible	\$50 per person \$150 per family	\$50 per person \$150 per family

**\*Note: All out-of-network benefits are subject to Usual and Customary.**

**Refer to the Dental Plan Document for complete details on covered services.**

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## Self-Funded Plan Documents

The Plan Document is an important document that explains your health plan coverage. It provides detailed information regarding eligibility and health care benefits. The complete Self-Funded Medical and Dental Plan Documents are located on the PEBP website [www.pebp.state.nv.us](http://www.pebp.state.nv.us).

**If you would like to receive the Plan Year '05, Self-Funded Medical and/or Dental Plan Document (effective July 1, 2004 through June 30, 2005) which includes Long-Term Disability, Life and AD&D and Business Travel Accident, complete the white postcard included in the Open Enrollment folder pocket. Please indicate your selection of a CD or hard copy and return to PEBP.**

**\*HMO plans send a copy of their Plan Document to participants shortly after enrolling in the plan.**

## HMO Plan Document\*

The HMO Plan Document is a complete listing of covered benefits for Health Plan of Nevada, Senior Dimensions or Anthem HMO Nevada. To review each HMO's Plan Document, visit their individual website. Website information is located on page 13.

# Long-Term Disability, Life and AD&D

## Long-Term Disability (LTD) Benefit

Available **only** to Active Employees, Long-Term Disability Insurance replaces a portion of your monthly salary if illness or injury prevents you from working. Subject to the terms of the group policy, benefits begin after you have been disabled for 180 days, and continue through the maximum benefit period for as long as you remain disabled.

During the course of your disability, Standard Insurance Company will work with you and your employer to assist you with your return to work.

The Long-Term Disability Insurance replaces 60% of your gross monthly earnings up to a maximum of \$7,500 per month.

**Note:** Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

### Eligibility Requirements

All full-time employees enrolled in the PEBP medical plan.

#### **Long-Term Disability Maximum Benefit Period**

Age 61 or younger	To age 65, or 3 years 6 months, if longer
Age 62	3 years, 6 months
Age 63	3 years
Age 64	2 years, 6 months
Age 65	2 years
Age 66	1 year, 9 months
Age 67	1 year, 6 months
Age 68	1 year, 3 months
Age 69 and over	1 year

## Basic Life Insurance Benefit

Available to active and most retired participants, the Life Insurance Plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of your life insurance in effect at the time of your death.

### Eligibility Requirements

Covers participants enrolled in the PEBP-sponsored medical plan who are not reinstated retirees or survivors.

#### **Basic Life Insurance Benefit**

<b>Active Employees</b>	<b>\$20,000</b>
Spouse	\$ 2,000
Children	\$ 2,000
<b>Retirees</b>	<b>\$10,000</b>
Spouse	\$ 1,000
Children	\$ 1,000

## Basic Accidental Death & Dismemberment

Available to active and most retired participants, the Accidental Death and Dismemberment (AD&D) Insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your accidental death. The amount your beneficiary(ies) receive(s) is based on the amount of your AD&D insurance at the time of your death (or for you in the event of any other covered loss).

### Eligibility Requirements

Covers participants enrolled in the PEBP-sponsored medical plan who are not reinstated retirees or survivors.

## Basic AD&D Benefit

The amount of Basic AD&D Insurance benefit for loss of life is equal to the amount payable for Basic Life Insurance coverage on the date of the accident. The amount of Basic AD&D Insurance benefit for other covered losses is a percentage of the amount payable for Basic Life Insurance coverage on the date of the accident.

## Voluntary Life and AD&D Insurance

You may also be eligible to enroll for Voluntary Life coverage. To learn more about this opportunity visit [www.standard.com/mybenefits/nevada](http://www.standard.com/mybenefits/nevada).

**NOTE:** Beneficiaries may be updated at any time. Contact Standard Insurance Company to receive a beneficiary form or if you prefer, complete the form on line. Contact information is located on page 13.

Refer to your *Plan Document* for complete details regarding the LTD, Life and AD&D insurance benefits.

# Vendor Contact List

## SELF-FUNDED PPO PLAN

### BENEFIT PLANNERS

(Processes claims for the Self-Funded Plan)

P.O. Box 690450, San Antonio, TX 78269

(877) 9NEVADA or (877) 963-8232

[www.benplan.com](http://www.benplan.com)

Northern Office (775) 882-4694

Southern Office (702) 562-4170

### PEBP STATEWIDE PPO NETWORK (In-state PPO network)

(800) 336-0123

[www.pebp.state.nv.us](http://www.pebp.state.nv.us)

### BEECH STREET (Out-of-state PPO network) 5:00am – 5:00pm PST (800) 432-1776

[www.beechstreet.com](http://www.beechstreet.com)

### CBCA (Self-Funded Pre-certification)

(866) 658-2005

### CATALYSTRX (Self-Funded Pharmacy Plan)

(800) 799-1012

[www.catalystrx.com](http://www.catalystrx.com)

ID: nevada Password: benefit

## HMO PLANS

### Health Plan of Nevada (Southern Nevada only)

(702) 242-7300 or (800) 777-1840  
or

### Senior Dimensions (Medicare Eligible Participants)

(800) 650-6232 or (702) 242-7301

[www.healthplanofnevada.com](http://www.healthplanofnevada.com) or <http://stateofnv.healthplanofnevada.com>

### Anthem HMO Nevada (Northern Nevada only)

(866) 746-0893

[www.anthem.com](http://www.anthem.com)

## DENTAL PLAN

### DENTAL PLAN AVAILABLE TO ALL PLAN PARTICIPANTS

Diversified Dental Services PPO Network

[www.ddspopo.com](http://www.ddspopo.com)

Northern Nevada (775) 337-1180 or (866) 270-8326

Southern Nevada (702) 869-6200 or (800) 249-3538

# Voluntary Products

*Not all products are available to retirees or non-state participants. Please contact the vendor(s) directly for additional information.*

*Hartford and ING  
Deferred Compensation  
products are only  
available to active State  
employees.*

## HARTFORD

(Deferred Compensation)  
Northern Nevada (775) 826-1227  
Southern Nevada (702) 862-8296  
(800) 553-4548  
[www.retire.hartfordlife.com](http://www.retire.hartfordlife.com)

## ING

(Deferred Compensation)  
(866) 464-6832  
Customer Service (800) 584-6001  
[www.ingretirementplans.com](http://www.ingretirementplans.com)

## LIBERTY MUTUAL

Northern Nevada (800) 637-7026  
Eastern Nevada (866) 219-7346  
East Las Vegas (800) 446-6347  
West Las Vegas (702) 367-1541  
[gary.bishop@libertymutual.com](mailto:gary.bishop@libertymutual.com)

- ❖ Auto, RV and Boat Insurance
- ❖ Homeowner's/Rental Insurance

## STANDARD INSURANCE COMPANY

(888) 288-1270  
[www.standard.com/mybenefits/nevada/index.html](http://www.standard.com/mybenefits/nevada/index.html)

- ❖ Voluntary Life Insurance

## UNUMProvident

Customer Service (800) 421-0344  
[www.coloniallife.com](http://www.coloniallife.com)

- ❖ Long-Term Care Insurance

## COLONIAL LIFE AND ACCIDENT COMPANY

(877) 433-5334  
[www.coloniallife.com/nevada](http://www.coloniallife.com/nevada)

- ❖ Short-Term Disability Insurance

# Flexible Spending Accounts – Section 125

- **Premium Only Plan (POP)**
- **Health Care Flexible Spending**
- **Dependent Care Flexible Spending**

## Premium Only Plan

The Premium Only Plan (POP) applies only to active State participants who receive their paycheck from one of the following pay centers:

Central Payroll, Legislative Counsel Bureau, NDOT or PERS  
(active employees, not PERS retirees)

The Premium Only Plan allows you to pay your payroll-deducted health care insurance premiums with pre-tax dollars. The pre-tax dollars are subtracted from your gross earnings before taxes are taken out, therefore lowering your taxable income.

### Premium Only Plan Example

	Without POP	With POP
Gross Pay	\$ 1,000.00	\$ 1,000.00
Reduction	0.00	- 40.00
Taxable Gross	1,000	960.00
FICA, Fed. Taxes	173.70	162.12
Payroll Deduction	- 40.00	0.00
Spendable Income	\$ 786.30	\$ 797.88

If you receive your paycheck from one of the pay centers mentioned above, your health care insurance premium will automatically be pre-taxed unless you choose to decline the pre-tax benefit. If you choose to decline the pre-tax benefit, contact PEBP directly to receive a POP declination form.

## Health Care and Dependent Care Flexible Spending Accounts

The enrollment period for Health Care and Dependent Care Flexible Spending Accounts is held in the fall of each year, and is effective January 1<sup>st</sup> of the following year. At that time you are eligible to elect or change your Health Care and/or Dependent Care Flexible Spending Accounts. A “Qualifying Event” also allows you to elect or make changes to your Flexible Spending Accounts anytime during the year without waiting until Open Enrollment.

Refer to your *Plan Document* for complete details regarding the eligibility requirements



# Wellness Fairs

## (Health Fairs)

The Public Employees' Benefits Program offers Wellness Fairs to **all Self-Funded PPO Plan participants** throughout the state.

The fairs are designed to provide Self-Funded PPO Plan participants and covered dependents with convenient health screenings and also receive materials related to healthy living.

**Important: The Prostate Specific Antigen (PSA) blood test, flu and pneumonia shots are charged to each participant's wellness benefit through Benefit Planners. If your wellness benefit is depleted at the time of the Wellness Fair, you will be responsible for the cost of the services.**

**The wellness benefit is \$600 per individual each plan year.** When receiving services at the Wellness Fair, it eliminates the cost of an office visit to your physician and allows you to receive multiple services at one location.

Wellness Fairs include:

- ❖ Cholesterol screenings
- ❖ PSA or prostate cancer screening (blood test for men over 50)
- ❖ Flu shots
- ❖ Pneumonia shots (age 65+)
- ❖ Blood pressure, body fat and vision screenings
- ❖ Personal Health Analysis

**For more information, and the schedule of Wellness Fairs, visit the PEBP website at [www.pebp.state.nv.us](http://www.pebp.state.nv.us) or call Washoe Health Resource Center at 775-982-5081.**

**Remember to bring your Self-Funded PPO Plan insurance ID card for entry.**

**Note: HMO's generally do not offer wellness fairs. Contact the HMO directly for additional information.**

# Women's Issues

## Women's Health and Cancer Rights Act of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

Call your plan administrator for additional information:

- ❖ Self-Funded PPO Plan participants call Benefit Planners at (877) 963-8232
- ❖ Health Plan of Nevada participants call (800) 777-1840
- ❖ Anthem HMO Nevada participants call (866) 746-0893

# Declining Coverage

## YOU MAY DECLINE COVERAGE DURING OPEN ENROLLMENT

If you are an active employee (state or non-state) and decline coverage, you are declining medical (including pharmacy, dental and vision), life insurance, travel & accident, accidental death & dismemberment and long-term disability.

If you are a retiree (state or non-state) and you decline coverage, you are declining medical (including pharmacy, dental and vision) and life insurance (if eligible).

To decline coverage, complete Section 3 of the Open Enrollment Form and check the "Decline Coverage" box in Section 6. Sign and date the form and return it to:

**Active Employees:** Agency Representative

**Retirees:** Public Employees' Benefits Program

If you are completing the form over the website, you do not need to submit a signed copy.

**PUBLIC EMPLOYEES' BENEFITS PROGRAM**  
**State Rates July 2004 – June 2005**

<b>SELF-FUNDED PPO PLAN</b>		<b>\$500 Deductible</b>			<b>\$1000 Deductible</b>			<b>\$2500 Deductible</b>		
		<b>Rate</b>	<b>State Subsidy</b>	<b>Active Ee Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Active Ee Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Active Ee Contrib.</b>
<b>STATE ACTIVES</b>										
Employee Only		\$ 453.21	\$448.68	<b>\$4.53</b>	\$383.60	\$379.76	<b>\$3.84</b>	\$347.05	\$343.58	<b>\$3.47</b>
Employee + Spouse		\$1,051.86	\$931.22	<b>\$120.64</b>	\$674.34	\$615.42	<b>\$58.92</b>	\$590.28	\$540.94	<b>\$49.34</b>
Employee + Child(ren)		\$636.29	\$594.08	<b>\$42.21</b>	\$580.06	\$540.00	<b>\$40.06</b>	\$523.84	\$487.79	<b>\$36.05</b>
Employee + Family		\$1,000.86	\$862.81	<b>\$138.05</b>	\$882.15	\$781.67	<b>\$100.48</b>	\$795.68	\$705.26	<b>\$90.42</b>
<b>STATE RETIREES</b>	<b>Medicare</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Retiree Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Retiree Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Retiree Contrib.</b>
Retiree only	No	\$441.27	\$322.36	<b>\$118.91</b>	\$371.66	\$273.36	<b>\$98.30</b>	\$335.11	\$276.86	<b>\$58.25</b>
Retiree + Spouse	No	\$1,039.92	\$618.83	<b>\$421.09</b>	\$662.40	\$281.56	<b>\$380.84</b>	\$578.34	\$275.72	<b>\$302.62</b>
Retiree + Child(ren)	No	\$624.35	\$365.22	<b>\$259.13</b>	\$568.12	\$330.56	<b>\$237.56</b>	\$511.90	\$297.97	<b>\$213.93</b>
Retiree + Family	No	\$988.92	\$396.33	<b>\$592.59</b>	\$870.21	\$399.62	<b>\$470.59</b>	\$783.74	\$360.11	<b>\$423.63</b>
Surviving Spouse	No	\$353.84	\$0.00	<b>\$353.84</b>	\$311.86	\$0.00	<b>\$311.86</b>	\$281.29	\$0.00	<b>\$281.29</b>
Surviving Spouse + Child(ren)	No	\$618.20	\$0.00	<b>\$618.20</b>	\$544.28	\$0.00	<b>\$544.28</b>	\$490.44	\$0.00	<b>\$490.44</b>
Retiree only	Yes	\$313.75	\$299.39	<b>\$14.36</b>	\$275.48	\$271.02	<b>\$4.46</b>	\$251.76	\$251.76	<b>\$0.00</b>
Retiree + Spouse	Yes	\$544.59	\$466.13	<b>\$78.46</b>	\$453.42	\$392.40	<b>\$61.02</b>	\$325.85	\$298.26	<b>\$27.59</b>
Retiree + Child(ren)	Yes	\$394.79	\$364.00	<b>\$30.79</b>	\$348.17	\$320.65	<b>\$27.52</b>	\$313.96	\$290.16	<b>\$23.80</b>
Retiree + Family	Yes	\$504.06	\$438.50	<b>\$65.56</b>	\$468.64	\$403.87	<b>\$64.77</b>	\$440.20	\$376.22	<b>\$63.98</b>
Surviving Spouse	Yes	\$198.21	\$0.00	<b>\$198.21</b>	\$188.24	\$0.00	<b>\$188.24</b>	\$170.04	\$0.00	<b>\$170.04</b>
Surviving Spouse + Child(ren)	Yes	\$395.04	\$0.00	<b>\$395.04</b>	\$376.00	\$0.00	<b>\$376.00</b>	\$339.00	\$0.00	<b>\$339.00</b>
Retiree + Spouse One w/ & One w/o		\$519.22	\$448.83	<b>\$70.39</b>	\$494.09	\$426.10	<b>\$67.99</b>	\$445.28	\$379.68	<b>\$65.60</b>
Retiree + Family One w/ & One w/o		\$686.61	\$562.95	<b>\$123.66</b>	\$653.28	\$535.85	<b>\$117.43</b>	\$588.53	\$477.34	<b>\$111.19</b>

<b>HMO PLANS</b>		<b>Southern HMO Health Plan of Nevada</b>			<b>Southern HMO Senior Dimensions</b>			<b>Northern HMO Anthem HMO Nevada</b>		
		<b>Rate</b>	<b>State Subsidy</b>	<b>Active Ee Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Active Ee Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Active Ee Contrib.</b>
<b>STATE ACTIVES</b>										
Employee Only		\$275.77	\$273.01	<b>\$2.76</b>	N/A	N/A	N/A	\$465.62	\$460.96	<b>\$4.66</b>
Employee + Spouse		\$546.41	\$483.74	<b>\$62.67</b>	N/A	N/A	N/A	\$968.71	\$857.61	<b>\$111.10</b>
Employee + Child(ren)		\$513.62	\$479.54	<b>\$34.08</b>	N/A	N/A	N/A	\$880.19	\$821.80	<b>\$58.39</b>
Employee + Family		\$783.81	\$675.70	<b>\$108.11</b>	N/A	N/A	N/A	\$1,376.72	\$1,186.83	<b>\$189.89</b>
<b>STATE RETIREES</b>	<b>Medicare</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Retiree Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Retiree Contrib.</b>	<b>Rate</b>	<b>State Subsidy</b>	<b>Retiree Contrib.</b>
Retiree only	No	\$263.83	\$249.47	<b>\$14.36</b>	N/A	N/A	N/A	\$453.68	\$429.00	<b>\$24.68</b>
Retiree + Spouse	No	\$534.47	\$319.71	<b>\$214.76</b>	N/A	N/A	N/A	\$946.77	\$566.36	<b>\$380.41</b>
Retiree + Child(ren)	No	\$501.68	\$293.47	<b>\$208.21</b>	N/A	N/A	N/A	\$868.25	\$507.90	<b>\$360.35</b>
Retiree + Family	No	\$771.87	\$309.35	<b>\$462.52</b>	N/A	N/A	N/A	\$1,364.78	\$546.97	<b>\$817.81</b>
Surviving Spouse	No	\$285.28	\$0.00	<b>\$285.28</b>	N/A	N/A	N/A	\$453.68	\$0.00	<b>\$453.68</b>
Surviving Spouse + Child(ren)	No	\$494.14	\$0.00	<b>\$494.14</b>	N/A	N/A	N/A	\$868.25	\$0.00	<b>\$868.25</b>
Retiree only	Yes	\$220.31	\$209.29	<b>\$11.02</b>	\$87.37	\$83.00	<b>\$4.37</b>	\$423.03	\$401.88	<b>\$21.15</b>
Retiree + Spouse	Yes	\$460.29	\$393.97	<b>\$66.32</b>	\$170.35	\$155.99	<b>\$14.36</b>	\$841.67	\$720.40	<b>\$121.27</b>
Retiree + Child(ren)	Yes	\$455.52	\$420.00	<b>\$35.52</b>	\$325.25	\$310.89	<b>\$14.36</b>	\$811.24	\$747.98	<b>\$63.26</b>
Retiree + Family	Yes	\$712.81	\$620.10	<b>\$92.71</b>	\$595.51	\$581.15	<b>\$14.36</b>	\$1,235.74	\$1,075.01	<b>\$160.73</b>
Surviving Spouse	Yes	\$263.83	\$0.00	<b>\$263.83</b>	\$270.27	\$0.00	<b>\$270.27</b>	\$423.03	\$0.00	<b>\$423.03</b>
Surviving Spouse + Child(ren)	Yes	\$527.90	\$0.00	<b>\$527.90</b>	\$508.12	\$0.00	<b>\$508.12</b>	\$837.60	\$0.00	<b>\$837.60</b>
Retiree + Spouse One w/ and One w/o		\$519.21	\$448.82	<b>\$70.39</b>	\$358.01	\$309.48	<b>\$48.53</b>	\$926.12	\$800.57	<b>\$125.55</b>
Retiree + Family One w/ and One w/o		\$771.71	\$632.72	<b>\$138.99</b>	\$595.41	\$488.17	<b>\$107.24</b>	\$1,364.78	\$1,118.97	<b>\$245.81</b>

**The state retiree premiums shown above are for those who retired prior to January 1, 1994. If you retired after that date, refer to the premium adjustment table on page 17 of this booklet. To determine your final premium, identify your years of service on the table then add or subtract the amount shown to the premium above. To qualify for state retiree rates, you last employer must have been the State of Nevada. Note: Survivors are not eligible for a subsidy.**

**Public Employees' Benefits Program**  
**State Retiree Premium Adjustment Table**  
**July 1, 2004 - June 30, 2005**

Retired on or after January 1, 1994	
Years of Service	Premium Adjustment
5	+ 237.19
6	+ 213.48
7	+ 189.76
8	+ 166.04
9	+ 142.32
10	+ 118.60
11	+ 94.88
12	+ 71.16
13	+ 47.44
14	+ 23.72
15	- 0 -
16	- 23.72
17	- 47.44
18	- 71.16
19	- 94.88
20 or more	- 118.60

**The state retiree premiums shown on the previous page are for those who retired prior to January 1, 1994. For those who retired after that date, you may calculate your premium by identifying your years of service on the chart above. Add or subtract the premium adjustment shown above from the rate table on the previous page.**

**Example:** For a retiree + spouse, without Medicare, covered under the State PPO Plan with a \$500 deductible, who retired after January 1, 1994, with 12 years of service, add \$71.16 to the premium shown on the previous table (\$421.09). In this example, the total premium would be \$492.25.

**PUBLIC EMPLOYEES BENEFITS PROGRAM**  
**Non-State Rates July 1, 2004-June 30, 2005**

<b>SELF-FUNDED PPO PLAN</b>		<b>\$500 Deductible</b>	<b>\$1000 Deductible</b>	<b>\$2500 Deductible</b>
<b>NON-STATE ACTIVES</b>		<b>Rate</b>	<b>Rate</b>	<b>Rate</b>
Employee Only		\$521.67	\$420.05	\$379.84
Employee + Spouse		\$1,143.34	\$909.03	\$819.87
Employee + Child(ren)		\$750.39	\$714.52	\$644.84
Employee + Family		\$1,147.02	\$1,091.72	\$984.27
<b>NON-STATE RETIREES</b>	<b>Medicare</b>	<b>Rate</b>	<b>Rate</b>	<b>Rate</b>
Retiree only	No	\$509.73	\$408.11	\$367.90
Retiree + Spouse	No	\$1,131.40	\$897.09	\$807.93
Retiree + Child(ren)	No	\$738.45	\$702.58	\$632.90
Retiree + Family	No	\$1,135.08	\$1,079.78	\$972.33
Surviving Spouse	No	\$552.31	\$525.57	\$473.60
Surviving Spouse + Child(ren)	No	\$982.53	\$934.70	\$841.78
Retiree only	Yes	\$326.31	\$279.05	\$251.76
Retiree + Spouse	Yes	\$582.11	\$553.91	\$372.43
Retiree + Child(ren)	Yes	\$521.57	\$496.33	\$447.29
Retiree + Family	Yes	\$624.61	\$594.31	\$535.47
Surviving Spouse	Yes	\$205.29	\$195.54	\$176.61
Surviving Spouse + Child(ren)	Yes	\$511.26	\$486.53	\$438.47
Retiree + Spouse One w/ and One w/o		\$585.82	\$557.43	\$502.27
Retiree + Family One w/ and One w/o		\$776.08	\$738.37	\$665.11

<b>HMO PLANS</b>		<b>Southern HMO Health Plan of Nevada</b>	<b>Southern HMO Senior Dimensions</b>	<b>Northern HMO Anthem HMO Nevada</b>
<b>NON-STATE ACTIVES</b>		<b>Rate</b>	<b>Rate</b>	<b>Rate</b>
Employee Only		\$275.71	N/A	\$527.69
Employee + Spouse		\$546.29	N/A	\$1,100.92
Employee + Child(ren)		\$513.50	N/A	\$995.65
Employee + Family		\$783.63	N/A	\$1,560.45
<b>NON-STATE RETIREES</b>	<b>Medicare</b>	<b>Rate</b>	<b>Rate</b>	<b>Rate</b>
Retiree only	No	\$263.77	N/A	\$515.75
Retiree + Spouse	No	\$534.35	N/A	\$1,088.98
Retiree + Child(ren)	No	\$501.59	N/A	\$983.71
Retiree + Family	No	\$771.69	N/A	\$1,548.51
Surviving Spouse	No	\$285.38	N/A	\$515.75
Surviving Spouse + Child(ren)	No	\$494.14	N/A	\$983.71
Retiree only	Yes	\$220.63	\$87.37	\$480.50
Retiree + Spouse	Yes	\$437.19	\$170.35	\$956.61
Retiree + Child(ren)	Yes	\$435.21	\$325.19	\$918.14
Retiree + Family	Yes	\$680.64	\$595.39	\$1,400.11
Surviving Spouse	Yes	\$285.38	\$270.27	\$480.50
Surviving Spouse + Child(ren)	Yes	\$494.14	\$508.12	\$948.46
Retiree + Spouse One w/ and One w/o		\$496.09	\$357.95	\$1,053.73
Retiree + Family One w/ and One w/o		\$739.56	\$595.29	\$1,548.51

The non-state retiree premiums shown above are for those who retired prior to January 1, 1994. If you retired after that date, please refer to the non-state subsidy table on page 19 of this booklet. To determine your final premium, identify your years of service and then subtract the amount shown to the premium above. Non-state retirees are those who retired from local jurisdictions such as counties, cities and school districts. Note: Survivors are not eligible for a subsidy.

<b>Public Employees' Benefits Program</b> <b>Non-State Retiree Subsidy Table</b> <b>July 1, 2004 – June 30, 2005</b>	
<b>Retired Prior to January 1, 1994</b>	<b>Subsidy Amount</b> <b>316.26</b>
<b>Retired On/After January 1, 1994</b>	
<b>Years of Service</b>	<b>Subsidy Amount</b>
5	79.07
6	102.78
7	126.50
8	150.22
9	173.94
10	197.66
11	221.38
12	245.10
13	268.82
14	292.54
15	316.26
16	339.98
17	363.70
18	387.42
19	411.14
20 or more	434.86

**Non-State retirees are those who retired from local jurisdictions such as counties, cities and school districts**

The non-state Retiree rates shown on the facing page are unsubsidized rates. Your subsidy is determined by the **total** number of years of service credit earned at each employer with whom you earned a minimum of 5 years of service credit. There is no subsidy if **less than** 5 years of service credit was earned with a public employer.

**For those who retired prior to January 1, 1994, the subsidy is \$316.26. For those who retired on or after January 1, 1994,** calculate your **total** subsidy by identifying your **total** years of qualifying service on the table above and then subtract that amount from the Non-State rates shown on the previous page.

**Public Employees' Benefits Program**  
**COBRA Medical, Dental and Vision Rates**  
**Effective July 1, 2004 – June 30, 2005**

COVERAGE CLASS	COBRA MEDICAL, DENTAL & VISION Self Funded PPO and HMO				
	\$500 Deductible	\$1000 Deductible	\$2500 Deductible	HPN HMO	Anthem HMO
	Participant Ded.	Participant Ded.	Participant Ded.	Participant Ded.	Participant Ded.
<b>State Active</b>					
Employee Only	\$443.53	\$372.53	\$335.24	\$262.54	\$456.18
Employee + Spouse	\$1,054.15	\$669.08	\$583.34	\$538.59	\$969.34
Employee + Child(ren)	\$630.27	\$572.91	\$515.57	\$505.14	\$879.05
Employee + Family	\$1,002.13	\$881.04	\$792.84	\$780.74	\$1,385.51
<b>State Retiree</b>					
Employee Only	\$443.53	\$372.53	\$335.24	\$262.54	\$456.18
Employee + Spouse	\$1,054.15	\$669.08	\$583.34	\$538.59	\$969.34
Employee + Child(ren)	\$630.27	\$572.91	\$515.57	\$505.14	\$879.05
Employee + Family	\$1,002.13	\$881.04	\$792.84	\$780.74	\$1,385.51
<b>Non-State Active</b>					
Employee Only	\$513.36	\$409.71	\$368.69	\$262.48	\$519.50
Employee + Spouse	\$1,147.46	\$908.46	\$817.52	\$548.67	\$1,104.20
Employee + Child(ren)	\$746.65	\$710.06	\$638.99	\$505.02	\$996.81
Employee + Family	\$1,151.21	\$1,094.80	\$985.21	\$780.56	\$1,572.92
<b>Non-State Retiree</b>					
Employee Only	\$513.36	\$409.71	\$368.69	\$262.48	\$519.50
Employee + Spouse	\$1,147.46	\$908.46	\$817.52	\$548.67	\$1,104.20
Employee + Child(ren)	\$746.65	\$710.06	\$638.99	\$505.02	\$996.81
Employee + Family	\$1,151.21	\$1,094.80	\$985.21	\$780.56	\$1,572.92

**REMINDER**

**Open Enrollment is your opportunity to add or delete dependents or change your coverage type (e.g., HMO to/from PPO, COBRA Medical-Only to/from COBRA Medical-Dental-Vision)**

**Public Employees' Benefits Program**  
**COBRA Medical Only Rates**  
**Effective July 1, 2004 – June 30, 2005**

COVERAGE CLASS	COBRA MEDICAL ONLY Self Funded PPO and HMO				
	\$500 Deductible	\$1000 Deductible	\$2500 Deductible	HPN HMO	Anthem HMO
	Participant Ded.	Participant Ded.	Participant Ded.	Participant Ded.	Participant Ded.
<b>State Active</b>					
Employee Only	\$409.42	\$338.39	\$300.22	\$228.44	\$422.09
Employee + Spouse	\$983.87	\$600.93	\$514.38	\$468.30	\$899.05
Employee + Child(ren)	\$536.30	\$482.88	\$425.00	\$411.18	\$785.09
Employee + Family	\$866.00	\$748.32	\$654.30	\$644.61	\$1,249.38
<b>State Retiree</b>					
Employee Only	\$409.42	\$338.39	\$300.22	\$228.44	\$422.09
Employee + Spouse	\$983.87	\$600.93	\$514.38	\$468.30	\$899.05
Employee + Child(ren)	\$536.30	\$482.88	\$425.00	\$411.18	\$785.09
Employee + Family	\$866.00	\$748.32	\$654.30	\$644.61	\$1,249.38
<b>Non-State Active</b>					
Employee Only	\$481.99	\$378.34	\$337.33	\$228.38	\$485.40
Employee + Spouse	\$1,084.51	\$845.72	\$749.08	\$478.38	\$1,033.91
Employee + Child(ren)	\$644.05	\$631.64	\$548.42	\$411.06	\$902.85
Employee + Family	\$1,019.02	\$937.97	\$859.74	\$644.43	\$1,436.79
<b>Non-State Retiree</b>					
Employee Only	\$481.99	\$378.34	\$337.33	\$228.38	\$485.40
Employee + Spouse	\$1,084.51	\$845.72	\$749.08	\$478.38	\$1,033.91
Employee + Child(ren)	\$644.05	\$631.64	\$548.42	\$411.06	\$902.85
Employee + Family	\$1,019.02	\$937.97	\$859.74	\$644.43	\$1,436.79

**REMINDER**

**Open Enrollment is your opportunity to add or delete dependents or change your coverage type (e.g., HMO to/from PPO, COBRA Medical-Only to/from COBRA Medical-Dental-Vision)**

<b>May 4</b>  11:30am and 2:00pm	<b>CARSON CITY</b> Nevada National Guard 2460 Fairview Drive <b>ID REQUIRED*</b>
<b>May 5</b>  8:30am and 10:30am	<b>CARSON CITY</b> Nevada National Guard 2460 Fairview Drive <b>ID REQUIRED*</b>
<b>May 6</b>  1:30pm and 3:30pm	<b>FALLON</b> WNCC 160 Campus Way Stillwater Hall, Room 302
<b>May 7</b>  9:30am, 1:00pm, 3:00pm	<b>RENO</b> Reno/Sparks Convention Center 4590 S. Virginia St., Room A-3
<b>May 10</b>  2:00pm	<b>LAS VEGAS</b> UNLV 4505 S. Maryland Parkway Moyer Student Union, 2 <sup>nd</sup> Floor
<b>May 11</b>  8:30am	<b>LAS VEGAS</b> UNLV 4505 S. Maryland Parkway Moyer Student Union, 2 <sup>nd</sup> Floor
<b>May 11</b>  3:00pm	<b>CALIENTE</b> Caliente Youth Center Auditorium
<b>May 12</b>  12:30pm and 3:00pm	<b>LAS VEGAS</b> Sierra Health Services Corp. Campus 2716 North Tenaya Way 1st Floor – Chairman's' Auditorium
<b>May 13</b>  9:00am	<b>LAS VEGAS</b> Sierra Health Services Corp. Campus 2716 North Tenaya Way 1st Floor – Chairman's' Auditorium
<b>May 17</b>  2:30pm	<b>WINNEMUCCA</b> NDOT 725 W. 4 <sup>th</sup> Street
<b>May 18</b>  8:30am and 10:00am	<b>ELKO</b> Great Basin College 1500 College Parkway, Theatre
<b>May 19</b>  9:00am	<b>ELY</b> Great Basin College 2115 Bobcat Drive, Room 107
<b>May 20</b>  9:30am	<b>TONOPAH</b> Convention Center 301 Brougner Avenue, Main Room
<b>May 24</b>  3:00pm	<b>RENO</b> Washoe Senior Center 1155 East Ninth St. (Corner of Ninth & Sutro)
<b>May 25</b>  9:00am	<b>CARSON CITY</b> Nevada National Guard 2460 Fairview Drive <b>ID REQUIRED*</b>



## Public Employees' Benefits Program Open Enrollment Meetings

**Open Enrollment is  
May 1 – June 1, 2004**

- ❖ Learn about the plan changes
- ❖ Visit the vendors' tables and receive important information

A presentation will be made at the beginning of each meeting to explain plan changes effective July 1, 2004. There will be an opportunity to ask questions after each presentation. Vendors will be located at their tables before and after the presentations to answer questions and distribute provider directories.

**Note: The Governor's Office has approved 2 hours of release time for state employees to attend an Open Enrollment Meeting.**

**\*Government-issued picture ID required at the entrance gate (e.g., driver's license or State ID)**